

# **MULTIPLE DEPENDENT CLAIM** **FEE CALCULATION SHEET** **(FOR USE WITH FORM PTO-878)**

SERIAL NO.

**10/510473**

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	2					
TOTAL DEP.	24					
TOTAL CLAIMS	26					

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